MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/009971	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		2		1			53							
4		(1)		1			54							
5		(1)		1			55							
6		(1)		1			56							
7		(1)		1			57							
8		(1)		1			58							
9		1		1			59							
10		(1)		1			60							
11		(1)		1			61							
12		(1)		1			62							
13		(1)		1			63							
14		(1)		1			64							
15		(1)		1			65							
16		(1)		1			66							
17		(1)		1			67							
18		(1)		1			68							
19		(1)		1			69							
20							70							
21							71							
22							72							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			1				TOTAL IND.							
TOTAL DEP.			18				TOTAL DEP.							
TOTAL CLAIMS			19				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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